

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.



Jo Anne B. Barnhart
 Commissioner of Social Security
 Social Security Administration, Room 611
 Altmeyer Bldg.
 Baltimore, MD 21235

COMPLETE THIS SECTION ON DELIVERY

A. Signature

SOCIAL SECURITY ADMINISTRATION,
 BALTIMORE, MARYLAND 21235

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

JAN 25 2007

Address different from item 1? ☐ Yes
 delivery address below: ☐ No

*Rec'd case
 07CW59
 SVE*

D. Service type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Num
 (Transfer fr)

7006 2760 0002 8193 1972

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540